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AUTHOR Atwood, Joan D.; Meyer, George
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ABSTRACT

This document presents a theoretical approach to couple counseling, a systemic approach which views each spouse as having a personal and relationship history that transcends the present marital one. It notes that this approach views a person's life style along two dimensions: the first dimension examines the person's relational experiences at the family, relational, and self level; the second dimension involves an understanding of how well each spouse has dealt with developmental issues and what impact these events (birth, death, marriage, divorce) has had upon them. A discussion of assessment in systemic therapy notes that presenting problems are viewed for their greater symbolic value rather than for their content value. The areas of tracking, genograms, sculpturing, circular questioning, inventories, hypothesis testing, and the holding environment are addressed. The next section examines several interventions in systemic therapy: alliances, homework assignments, reframing/relabeling, contracts, paradoxical interventions, prescribing the symptom, and split opinion. Reasons for the failure of therapy are considered, including family secrets, affairs, nodal events, symptom relief, and reactivity levels. (NB)

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PROCEDURAL CONCERNS IN COUPLE COUNSELING

by

Joan D. Atwood, Ph.D., C.S.W.
and
George Meyer, Ed.D.

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INTRODUCTION

The focus of the presentation is on a theoretical approach couple counseling. This approach is contrasted with Cognitive-Behavioral, Rogerian, Psychoanalytical and Reality Therapy approaches. Basically, the systemic approach views each spouse as having a personal and relationship history that transcends their present marital one. It views a person's life-style along tow dimensions. The first dimension examines a person's relational experiences on three levels: the family,relational and self levels.

As stated, using the systemic approach in couple counseling necessitates an examination on level of analysis. They are:

(1) The Family

Here the therapist explores family relationships, parenting, parental model of marriage, sibling relationships, and other significant family member relationships in terms of their interactional patterns. There is also an examination of roles, hierarchy, boundaries, organization of the power structure, belief systems and values.

(2) The Spousal Relationship

This examination of the spousal relationship is accomplished in terms of the couple's definition o whether the relationship is positive or negative, how they accomplish their division of labor, what they feel their strengths and weaknesses are regarding communication, who makes decisions,and how they assess their problem solving, negotiating, conflict resolution and assertiveness skills.

(3) Self Relating

This refers to the couple's own belief systems regarding their individual personal strengths and weaknesses, sense of psychological self, emotionality and definition as to what they have been able to develop and articulate within a series of relationships.

The systemic approach does not view spouses as existing as individuals but rather as persons who gain their sense of self and existence through relationships. In other words, we do not exist as individuals but rather as members of relationships.

The other dimension involves an understanding of how well each spouse has dealt with developmental issues and what impact these events(birth, death, marriage, divorce) has had upon them.

II ASSESSMENT

In systemic therapy, presenting problems are viewed for their greater symbolic value than their content value. In other words, the content of the couple's presentation is not as much of a therapeutic focus as the consequence or process of their communication. Likewise, their interactional pattern is viewed as a dance which they participate in rather than as a problem to be solved. Despite how the presenting problem is resented by either or both spouses, the meaning of such and undesirable, detrimental, hurtful, negative, and destructive interaction has purpose for both of the spouses, collectively, collusively and separately.

Often the symbolic meaning of the problem is that which first drew them together or which served to originally unite them. Now it is very problem which threatens to divide them. For example, a husband who was once viewed as protective is now viewed as confining. A wife who was first viewed as attentive is now seen as smothering. What occurs is that an emotional reactivity is awakened in each spouse, for different reasons. But each becomes narrow in focus in terms of viewing the other spouse, which them escalates the disagreement and move it beyond their control. The dance segment of the presenting problem is that it represents how each spouse is attempting to rectify his/her own unresolved past childhood problems which originally stemmed from some personal experience, relational issue, or familial issue. Now this unresolved issue has reemerged in his/her present relationship.

Thus, often these thoughts and/or feeling may have helped bring the two people together with the hope that each will help to resolve,"to fix", the unresolved issue. Each is carrying out this process within the relationship, unknown to themselves and to the other. In sum, we are stating that people are not randomly attracted to each other. They are drawn together based on early childhood definitional systems, hoping to find in the mate the "one true person" who can make everything better, i.e. to heal old wounds. What happens instead, unfortunately, is that the old wounds get reopened. Marriage counseling involves helping the couple to recognize this dysfunctional pattern of interaction, providing them with a corrective experience which they the can utilize together.

Diagnostically, the therapist who uses this approach uses the presenting problems and related interactional problems to help the couple formulate a hypothetical understanding of what is actually being transacted within the

coupleship, via the spouses collectively and separately. Other assessment tools, such as tracking, genogram, sculpting and circular questioning, as well as the identification of the couples' and each spouses stage of development within the life cycle are assessed.

Tracking

Tracking is a linear assessment tool that seeks to identify the serial interaction patter of the presenting problem. The therapist begins by asking,"Who says what to whom?", and them "What do you say?", and then "What happens?", until the entire scenario has been identified and read like a script. This provides the therapist with and understanding of how the problem begins, what constitutes the interim interactions, and how it ends. This also provides the therapist with some data to hypothesize what is going on between the spouses.

Genogram

A genogram is achieved by recording each spouse's historic relationships in regard to marital, parent-child, and sibling relationships across three generations. The genogram includes the impact of special events and occurrences within the family across a family's life span, such as, weddings, divorces, substance abuse problems, vocations, pregnancies, deaths, etc. Via the genogram, certain role, relational of interactional patterns, repetitive behavioral or health problems, value or belief systems, etc. may become obvious to both the therapist and the couple. Genograms can help unconscious emotional issues or belief systems to become identified and made more conscious. It also helps each spouse gain awareness and insight into their own and their spouse's behavior. The process of getting to know each other again begins, as well as each individual beginning to assume some responsibility for the couple's problem. In addition, the procedure of addressing one member totally during the genogram interview, to the exclusion of the other, often serves to help break the highly volatile interactive pattern which can be typical of the couple. By forcing on to be a nonparticipant an d silent observers, greater tolerance/ insulation is developed within that spouse to the other's "trigger" statements which typically would bring an automatic destructive escalation process.

Sculpturing

Sculpturing is a tool that affords each spouse to relate, through nonverbal terms, how they perceive their current relationship and how they would like to perceive it. Each spouse, in turn, is asked to symbolically shape or form, and then to physically position himself/herself into a position or stance in relation to the spouse. By placing his hands around her throat, one wife depicted her husband as strangling her. Then, they are to demonstrate he form or shape they would like for their relationship. The therapist, by visualizing how each sees his/her current relationship and where they want the relationship to go, is aided by gaining a clearer understanding of the marital dynamics. With this information, the therapist can then generating several hypotheses about the marital and spousal dynamics which can then be tested. This exercise, like the genogram, helps to break the couple's negative interactive process and requires each spouse to be a silent observer/recipient of both the other's non-verbal perception of his/her current relationship; and the desired relationship.

Circular Questioning

Circular questioning is a type of questioning whereby the therapist asks the husband or wife how s/he thinks the other feels about a certain event or situation. It is therefore another technique which maintains one spouse as a silent observer/recipient while the other describes him/her the to therapist or answers the therapist's questions about the other spouse. While in this reporting role, this method also causes the participating spouse to temporarily alter his/her thinking and feeling toward the other spouse. Then, the therapist repeats the process with the other spouse, Again, like the other techniques the therapist obtains a greater understanding about the marital and spousal dynamics which them provide the therapist with testable hypotheses.

The Use of Inventories

Other diagnostic procedures include the use of inventories, such as the Locke & Wallace Marital Adjustment Scale, Spanier's Dyadic Adjustment Scale, and the Marital Satisfaction Inventory. Inventories provide information concerning specific areas of investigation, such as conflict management, decision making, etc. and/or the general functioning of either spouse. Inventories also provide each spouse with the Privacy to respond to these

questions as well as to later relate their subjective feeling and thought about the relationship.

In addition, certain specific questions are asked during the initial interview, such as,

1. Why are you entering therapy at this particular time?" (Specifically looking for life cycle events or developmental tasks that might have introduced an imbalance into the relationship that the couple is not able to compensate.)
2. "What is it that you what to get out of therapy?"
3. "How would your relationship be different if your problems are resolved?"
4. "What would constitute the smallest amount of change as being successful?"

It is also important to identify what are the underlying circumstances surrounding their entry into therapy. In addition, the therapist needs to assess the spouses' anxiety level as an indicator of his/her desire for change. The one who is least anxious it change often will be the most difficult member. The therapist should also assess the couple's receptivity to the therapist and therapy through the homework assignment.

Hypotheses Testing

Hypotheses testing has been discussed throughout the diagnostic section. It is a technique in and of itself. Here, the therapist maintains a receptive attitude toward each spouse and their joint input, gathering impressions and developing several hypotheses which are systematically tested. The hypotheses are then verified by the couple or a spouse. Then, one or more hypotheses are organized into an overall statement by the therapist as to the couple's and each member's dynamics. If the therapist finds no evidence to support a particular hypothesis, it is discarded and the process begins again. This process is continued until a thorough and in depth understanding is achieved. This understanding allows the therapist to then select a theoretical orientation from which to operate and also appropriate techniques to employ. This is then shared and discussed with the couple in order to obtain their approval or modification.

Holding Environment

Armed with obtained diagnostic data, tested hypotheses, a selected theoretical orientation and techniques, therapy begins in earnest, since many of these diagnostic tools have already acted as therapeutic interventions. Therapy consists of three stages: Reaquainting oneself with the other, reassuming responsibility for oneself, reassuming responsibility for the quality of the relationship.

The "holding environment" is a therapeutic intervention in which one spouse is engaged at a time. The other spouse remains the non-participant observer. This process specifically seeks to identify and raise each spouse's unconscious motivations and themes, and to help the reenactment of previous relational issues which have been interjected into the present spousal relationship. The non-participant observing spouse begins to gain a different perspective of his/her mate, and a new understanding of the meaning and intent of his/her interactions. This process, initially, helps each spouse to see him/herself and each other in a different light. As this process is continued through each session, an identifiable pattern emerges. This pattern is presented by the therapist to the couple and the interviewed spouse is then asked to explore its meaning and antecedents. This helps the spouse to become more cognizant of the pattern in other areas of his/her life, such as work, family, friends, or with one's spouse. This also alerts the listening spouse to become wiser by making similar but non-verbalized observations. By repeating this process, greater clarity, understanding and attention is given to emotionally imbed behavior. At first, each spouse is asked to observe its presence in his/her own behavior, on his/her own recognizance. Once the pattern has emerged, they are then asked to intervene or disrupt the pattern as soon as they are aware of it. As each spouse gets better at this, they are asked to head off or behave in some way different than usual. Through such coached practice, each spouse is enabled and encouraged to take responsibility for their own behavior and person. This often allows each spouse to join the other in a less"emotionally needy" or "the need to be right" manner. It affords them the opportunity to once again enjoy each other's company. In so doing, their perception of reality has shifted into a more constructive, positive space.

Often, a spouse's difficulty lies within some emotional issue form a former relationship. It usually takes the following form: one spouse appears to be

emotionally needy or overly involved while the other appears to be rational, perhaps even non-emotional. Work needs to begin with the more emotionally laden spouse , since the rational one has decided to be logical as a defense against his/her emotionality. In other words, the rational one has cut him/herself off from his/her emotions, and any attempts to bring in closer contact will be denied. This is probably why they were attracted to each other in the first place: the rational one hoped the emotional one would help the rational one "feel" more. The emotional one hoped the rational one would to help to calm him/her down--not to be emotionally needy. These processes are often unconscious and the individuals typically are unaware of their dance.

In addition to the above mentioned assessment techniques, the use of inventories, such as Spanier's Dyadic Adjustment Scale, Subtle Signs Inventory, etc. are useful diagnostic tools. They offer both subjective and objective forms of assessment data. They can also provide a therapist with an overall or an in depth picture of a couple's/family functioning in terms of areas of conflict, cooperation, agreement, dissatisfaction, etc. Inventories can also increase the efficient use of the therapist's time by having clients complete these inventories between sessions, while affording clients a relaxed, independent and secluded way addressing these issues.

III INTERVENTIONS

Interventions provide additional and important assessment data. Several interventions are presented here: They are as follows: Alliances, Homework, Assignments, Reframing/Relabling, Contracts, Paradoxical Interventions, Prescribing, the Symptom, and Split Opinion.

Alliances

With alliances, the therapist temporarily join with a particular member either for the purpose of strengthening or isolating the person's position/influence within the family. By joining with existing forces of the family, the therapist is able to alter, or redirect the power/control within the family. Diagnostically, in doing so, the therapist obtains a motivational reading on the various member's responses to his/her joining efforts.

Homework Assignments

Homework assignments are sued primarily as both and attempted intervention as well as an additional source of diagnostic data. Homeworks are based upon the therapists identification of the couple's problem and what might be considered the first step toward its solution. The extent to which the task is carried out and how it is reported by the couple often provides the therapist with a basis for further hypothesis testing and diagnostic data.

Reframing/Relabeling

Reframing/Relabeling involves giving behaviors that are negatively defined by the couple a new, more positive definition. They often serve the purpose of reinterpreting the intent and purpose of a member's action which produces a change in eh meaning of the action by both the recipients of that action and the doer of that action. It seems to cause a state of cognitive dissonance within the members which may provide them with a perceptual shift that will enable them to act/feel differently toward each other and themselves. Thus, their perception of reality changes. Again, members' receptively/resistance to this ploy provides the therapist with additional diagnostic data.

Contracts

ContRacts are used when the therapist, in collaboration with the clients. identifies sources of difficulties and plausible solutions. The therapist then proceeds to work out a conjoint agreement of specific actions that each member is willing to make an effort to resolve their mutual areas of difficulty. It also specifies what they may expect as results of such efforts. The approach is much more based in a committed endeavor and desire of each member to really contribute to a more desirable relationship rathe- than on what they expect to gain from participating.

Care Days

Care Days are used by therapists to reawaken former pleasant dating experiences, if possible. By having the couple call a "truce" to their areas of conflict, renewed former dating behavior will resensitize the spouses to each other in a more positive and pleasant way. When the couple is able to once

again experience positive feelings toward each other, a better atmosphere is created form which conflictual areas can be worked.

Paradoxical Interventions

Paradoxical Interventions are usually last resort measures used by the therapist when dealing with highly conflictual and/or resistant clients. They are a deliberate relabeling/reframing of a person's behavior to mean and represent the opposite intent of the doer. They are typically used to disrupt resistant behavior or to break through entrenched positions. The wording of the intervention is critical, since it must be stated in a "win-win" manner so that whether the client does or does not comply with the intervention, it works. For example, if a therapist recommends that a client continue to be depressed and the client obeys the therapist, the therapist"wins" because the client has stopped resisting. If the client does not obey , then s/he is not doing depression anymore-- another "win" situation.

Prescribing the Symptom

A special form of paradox is prescribing the symptom. It is yet another way a therapist can hope to disrupt resistant behavior or entrenched thinking on the part of a client. By asking someone to act in a manner that is disturbing to them or others, the behavior becomes controllable. Clients start to realize that the behavior is under their control. This is one of the utmost important since the client most typically thinks of the behavior as uncontrollable, Now the behavior is under the person's voluntary control and she/he learns that s/he can therefore stop the behavior if she desires. By having someone practice this behavior for a set period of time, upon demand, it causes the behavior to loose the desirability and intended effect. For example, the therapist ells the client to be depressed between 3PM and 5PM only, The person other wants to end the behavior pattern.. The therapist can then introduce an more appropriate behavior in its place.

Split Opinion

Split Opinion is again used with highly entrenched/resistant clients. It is similar to the paradox except that the therapist contains the dissonant and incompatible meaning attached to a behavior or held position. By utilizing a consulting therapist, imagined or in truth, the therapist present two different and

conflicting interpretation of a marital/familial behavioral pattern. Again, it is stated in a "win-win" manner, so that regardless which therapist's position they support, they will be forced to take a different viewpoint/stand on a behavior. In this way change occurs.

IV PITFALLS

Even when all things go well: hypothesis testing, assessment and prescribed intervention, the therapy may fail due to several possible outside factors. Some reasons for failures include family secrets, hidden agendas and affairs, and nodal events.

Family Secrets

Family secrets occur when family members fail to disclose highly sensitive and significant information about themselves or about one family member. Here, the therapist's efforts are limited since diagnosis and planned interventions are crucially based on data cooperatively collected from the involved persons. Hidden agendas are similar to family secrets, except that generally most of the family are unaware of one member's plans. In this regard, the efforts of either the therapist or family members can be sabotaged.

Affairs

Affairs are yet another form by which one member prevents change within the situation. Either the threat of the third person or lack of commitment on the part of the involved member can sabotage efforts made by the therapist or the family members.

Nodal Events

Nodal Events are events such as birthdays weddings, or anniversaries which can set off or shut down emotional material. This gives the appearance that the problems have been resolved or are no longer experienced as urgent or necessary. They often act as safety valves or tension reducers. They can cause changes in either the amount of effort exerted or the direction of the effort taken by the members.

Symptom Relief

Symptom relief operates similarly, in that, any change that has produced either a reduction in the symptom's appearance or intensity causes the clients to believe that the problem has been corrected. Often, however, this "flight to health" is a cover up to protect one or more members from emotional vulnerability and confrontation. Other times, the clients have decided themselves in believing that symptom treatment mans causal treatment.

Reactivity Levels

Reactivity Levels are similar to symptom relief, in that, instead of abruptly terminating therapy, clients either express their emotional vulnerability or increase their defences around it. A good rule of thumb is that high emotional reactivity needs to be quickly reduced while low emotional reactivity needs to be elevated. Only in moderate levels of emotional reactivity can clients be emotionally re-educated. Here they can both be cognitively aware of the existing situation and the changes that need to be made while experiencing the emotionality needed to motivate these changes.

V SUMMARY

Thus, this presentation had explored a systemic approach to couple counseling. In so doing, we have examined couples theoretically from a systemic viewpoint, have demonstrated how to generate testable hypotheses about couple behavior, have shown how to test these hypotheses via various assessment tools, and have then provided several systemic interventions aimed at perceptual change.